NOTICE OF FILING/CLAIM FEE(S) DUE
TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: _09/005 710_

Total Fee Calculation

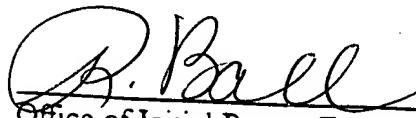|	Fee Code Sm./Lg.	Total # Claims	Number Extra	X	Fee Sm. Entity	Fee = Lg. Entity	Total
Basic Filing Fee	201/101				___	___	790
Total Claims >20	203/103	___	-20 = ___	X	___	___	___
Independent Claims >3	202/102	___	-3 = ___	X	___	___	___
Mult. Dep Claim Present	204/104				___	___	___
Surcharge	205/105				___	___	130
English Translation	139				___	___	___

TOTAL FEE CALCULATION
920

Fees due upon filing the application:

Total Filing Fees Due = $ _____ 920

Less Filing Fees Submitted - $ _____

BALANCE DUE = $ _____ 920

(signature) B. Ball
Office of Initial Patent Examination

FORM OIPE-RAM-01 (Rev 5/97)